

Office of the
Legislative Fiscal Analyst

FY 2005 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Health Care Financing

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1.0 Department of Health - Health Care Financing

Summary

The Division of Health Care Financing is the administrative agency for Utah's Medical Assistance Programs. The Division administers state and federal funds, and contracts with providers. It also gathers and analyzes data, and pays for the provided services. There are seven bureaus and approximately 455 employees.

Federal regulations provide for a wide variety of funding ratios ranging from 50 to 90 percent for different classes of positions and functions for this division. Overall, federal funding makes up approximately 55 percent of the division's budget.

Federal law requires that the Medical Care Advisory Committee (MCAC) serve as an advisory board to the Division. This committee consists of providers, Medicaid recipients, and members of the community. The committee advises the Division on program content, policy, and priorities. The Board is advisory and its decisions are not binding on the Division.

	Analyst FY 2005 Base	Analyst FY 2005 Changes	Analyst FY 2005 Total
Financing			
General Fund	9,452,800		9,452,800
Federal Funds	39,228,700		39,228,700
Dedicated Credits Revenue	10,901,000		10,901,000
Transfers	11,208,400		11,208,400
Total	\$70,790,900	\$0	\$70,790,900
Programs			
Director's Office	4,001,000		4,001,000
Financial Services	7,508,300		7,508,300
Managed Health Care	2,385,400		2,385,400
Medical Claims	3,079,600		3,079,600
Eligibility Services	14,984,700		14,984,700
Coverage and Reimbursement	3,004,100		3,004,100
Contracts	35,827,800		35,827,800
Total	\$70,790,900	\$0	\$70,790,900
FTE/Other			
Total FTE	455.0	0.0	455.0
Vehicles	14	0	14

2.0 Issues: Health Care Financing

2.01 Administrative Cost Intent Language

The 2003 Legislature approved the following intent language to be implemented by this division:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that the Division of Health Care Financing's budget is 82.5 percent administrative and 17.5 percent direct services. The following table shows the allocation of costs between administrative, indirect services, and direct services. Part of the budgets of Managed Health Care and Eligibility Services are classified as direct services. In those budgets, the number of citizens served and the types of service will be discussed.

HEALTH CARE FINANCING				
ADMINISTRATIVE and SERVICE COSTS				
FY 2003 Actual Expenditures				
	<u>Admin- istration</u>	<u>Indirect Services</u>	<u>Direct Services</u>	<u>Total</u>
Director	\$3,712,376			\$3,712,376
	100.0%	0.0%	0.0%	
Financial Services	10,794,546			10,794,546
	100.0%	0.0%	0.0%	
Managed Health Care	1,645,533		732,305	2,377,838
	69.2%	0.0%	30.8%	
Medical Claims	2,812,658			2,812,658
	100.0%	0.0%	0.0%	
Eligibility Services	3,011,413		12,045,650	15,057,063
	20.0%	0.0%	80.0%	
Coverage/Reimbursement	3,039,806			3,039,806
	100.0%	0.0%	0.0%	
Contracts	35,147,395			35,147,395
	100.0%	0.0%	0.0%	
Total	\$60,163,727	\$0	\$12,777,955	\$72,941,682
	82.5%	0.0%	17.5%	
Source: Department of Health				

2.02 FY 2005 Increased Funding Request: eREP Eligibility System

The Department of Workforce Services has developed a new computer system with several modules for different purposes. The funding for the development of the new system was primarily from TANF funds. One module of the system will function as an eligibility system for Medicaid. This will replace the outdated PACMIS system and will increase the efficiency and objectiveness of eligibility determination. The Department has requested one-time FY 2005 funding in the amount of \$812,000 of which \$238,000 would be from the General Fund. There is an additional \$612,000 (\$222,000 General Fund) requested as a FY 2004 Supplemental. While the Analyst has not included this in the funding recommendation due to the limited General Fund allocation, it is recommended that this item be considered as the Subcommittee deliberates over funding issues.

2.03 Medicaid Drug Program

The 2003 Legislature passed H.B. 126, “Medicaid Benefit Amendments” which authorized the Department to study a Medicaid Drug Program. The drug program was seen as a possible way to stem the increasing costs of pharmaceuticals in the Medicaid program, which have doubled since 1999.

The Division spent several months following the 2003 General Session working on this program. The division presented the findings of the report to the September 2003 Executive Appropriations Committee. The Division proposed using evidence-based clinical and financial reviews for two therapeutic drug classes: proton pump inhibitors (for ulcers) and statins (for cholesterol). The Division estimated potential cost savings of \$2.825 million with these two drug classes. The Executive Appropriations Committee devoted almost the entire October 2003 meeting to hearing from interested parties regarding the drug program. The Committee approved a motion to encourage the Department of Health to stop further progress toward implementing the proposed changes to the Medicaid drug program.

The legislation requires the department to report its finding and recommendations regarding the Medicaid Drug Program to the Interim Committee and the Appropriations Subcommittee.

2.04 FY 2004 Funding Increases

The 2003 Legislature passed two bills which had fiscal impact for the Division of Health Care Financing. These were H.B. 212, “Primary Care Network Amendments for General Assistance Recipients” and S.B. 140, “Prescription Drug Assistance Program”. H.B. 212 reduced the annual enrollment fee for the Primary Care Network for individuals receiving general assistance. The bill added \$90,000 (\$45,000 General Fund) to the Division’s budget for administrative costs. S.B. 140 directed the Department of Health to implement a program to help individuals secure low-cost or free prescription medications. The bill added \$65,000 for additional administrative costs. The bill also requires the Department to report to the Interim Committee and the Appropriations Subcommittee on the performance of the Prescription Drug Assistance Program. A letter was sent out in December 2003 to members of both the Interim Committee and the Appropriations Subcommittee detailing the progress the Division has made toward implementing the Prescription Drug Assistance Program.

3.1 Health Care Financing – Director’s Office

Recommendation

The Analyst's recommendation for the Director's Office for FY 2005 of \$4,001,000 is based on a staffing level of 46.5 FTEs. The Federal funds for this entire division are Title XIX Federal funds.

	2003 Actual	2004 Estimated	2005 Analyst	Est/Analyst Difference
Financing				
General Fund	1,065,363	1,048,716	1,169,900	121,184
General Fund, One-time		4,300		(4,300)
Federal Funds	2,175,530	2,605,217	2,245,500	(359,717)
Dedicated Credits Revenue	585,586	597,767	585,600	(12,167)
Lapsing Balance	(114,103)			
Total	\$3,712,376	\$4,256,000	\$4,001,000	(\$255,000)
Expenditures				
Personal Services	2,963,524	3,032,865	3,048,600	15,735
In-State Travel	13,339	13,600	13,600	
Out of State Travel	9,447	9,900	9,900	
Current Expense	469,042	633,661	540,600	(93,061)
DP Current Expense	133,734	134,100	134,100	
Other Charges/Pass Thru	123,290	431,874	254,200	(177,674)
Total	\$3,712,376	\$4,256,000	\$4,001,000	(\$255,000)
FTE/Other				
Total FTE	53.0	46.5	46.5	0.0

*Non-state funds as estimated by agency

Purpose

The Director's Office of the Division of Health Care Financing administers and coordinates Utah's Medicaid program to comply with Title XIX of the Social Security Act, other laws of the State, and the appropriated budget. This is accomplished by planning, managing and evaluating activities which authorize payments to qualified providers of approved services who are reimbursed for appropriate and necessary medical assistance rendered to eligible beneficiaries.

Administration/ Service Cost Breakdown Intent Language

The 2003 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

3.2 Health Care Financing - Financial Services

Recommendation

The Analyst recommends an appropriation of \$7,508,300 for the Bureau of Financial Services. The fluctuations in funding sources and levels reflect the division's movement of appropriations within this line item.

Federal funds make up approximately 75 percent of the Bureau's budget.

	2003	2004	2005	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	2,079,126	2,029,301	1,830,800	(198,501)
General Fund, One-time		3,400		(3,400)
Federal Funds	8,673,407	6,717,586	5,635,500	(1,082,086)
Dedicated Credits Revenue	37,000	37,000	37,000	
Transfers	5,013	5,013	5,000	(13)
Total	\$10,794,546	\$8,792,300	\$7,508,300	(\$1,284,000)
Expenditures				
Personal Services	2,559,982	2,610,543	2,624,000	13,457
In-State Travel	6,722	6,700	6,700	
Out of State Travel	6,830	6,900	6,900	
Current Expense	4,497,253	2,451,357	1,153,900	(1,297,457)
DP Current Expense	3,684,659	3,684,400	3,684,400	
DP Capital Outlay	28,300			
Other Charges/Pass Thru	10,800	32,400	32,400	
Total	\$10,794,546	\$8,792,300	\$7,508,300	(\$1,284,000)
FTE/Other				
Total FTE	32.8	40.5	40.5	0.0
Vehicles	1	1	1	

*Non-state funds as estimated by agency

Purpose

The Bureau of Financial Services is responsible for the following functions within the division:

1. Managing the administration and service budgets for both the Medicaid and PCN programs.
2. Monitoring the drug rebate program within the State.
3. Performing audits on Medicaid providers within the State to cost settle Medicaid reimbursements. This involves cost studies on reimbursement rates to evaluate if fair rates are being set for provider services.
4. Purchasing office equipment and computer hardware and software for the division.

Administration/ Service Cost Breakdown Intent Language

The 2003 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

3.3 Health Care Financing - Managed Health Care

Recommendation

The Analyst recommends an appropriation of \$2,385,400 for the Bureau of Managed Health Care. Federal funds make up over 60 percent of the bureau's funding.

	2003 Actual	2004 Estimated	2005 Analyst	Est/Analyst Difference
Financing				
General Fund	860,200	776,795	783,500	6,705
General Fund, One-time		2,900		(2,900)
Federal Funds	1,404,137	1,482,496	1,488,400	5,904
Dedicated Credits Revenue	113,501	113,509	113,500	(9)
Total	\$2,377,838	\$2,375,700	\$2,385,400	\$9,700
Expenditures				
Personal Services	1,942,989	2,005,496	2,015,600	10,104
In-State Travel	17,015	17,100	17,100	
Out of State Travel	6,240	6,700	6,700	
Current Expense	331,634	319,854	320,700	846
DP Current Expense	25,287	25,300	25,300	
Other Charges/Pass Thru	54,673	1,250		(1,250)
Total	\$2,377,838	\$2,375,700	\$2,385,400	\$9,700
FTE/Other				
Total FTE	34.5	36.0	36.0	0.0

*Non-state funds as estimated by agency

Purpose

The bureau is responsible for the implementation and operation of the managed care initiative that includes contracts with managed care organizations (MCOs) and Prepaid Mental Health Plans (PMHP) to serve the medical and mental health needs of Medicaid clients. The bureau is also responsible for the development, implementation, and operation of specialized Medicaid services for special populations, home and community-based waiver programs, and the Medicaid well-child program.

The current status of clients in fee-for-service and MCOs is detailed in the following table.

Distribution of Medicaid Clients			
	FY 2002	FY 2003	FY 2004 est.
Fee for Service Clients (Unduplicated)	188,817	210,791	230,000
MCO Clients (Monthly Average)	88,219	67,681	60,000
Total	277,036	278,472	290,000

Administration/ Service Cost Breakdown Intent Language

The 2003 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 69.2 percent administrative and 30.8 percent direct services.

The direct services are health program representatives who meet directly with Medicaid recipients when they sign up to direct them to a MCO or PMHP.

3.4 Health Care Financing – Medical Claims

Recommendation

The Analyst recommends an appropriation of \$3,079,600 for Medical Claims. Over 70 percent of the bureau's budget comes from federal funds.

The \$25,800 listed as Dedicated Credits is from the Division of Child and Family Services for Custodial Medical Care.

	2003	2004	2005	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	853,453	806,617	810,200	3,583
General Fund, One-time		1,500		(1,500)
Federal Funds	1,933,453	2,238,031	2,243,600	5,569
Dedicated Credits Revenue	25,752	25,752	25,800	48
Total	\$2,812,658	\$3,071,900	\$3,079,600	\$7,700
Expenditures				
Personal Services	1,754,444	2,009,160	2,015,800	6,640
In-State Travel	2,440	2,400	2,400	
Current Expense	945,543	950,340	951,400	1,060
DP Current Expense	110,231	110,000	110,000	
Total	\$2,812,658	\$3,071,900	\$3,079,600	\$7,700
FTE/Other				
Total FTE	46.0	49.5	49.5	0.0

*Non-state funds as estimated by agency

Purpose

The Bureau of Medical Claims has the following five components:

1. Customer Service - The bureau staffs the Medicaid Information Line, providing on-line service to providers and clients regarding Medicaid eligibility, provider payment, transportation, and general information regarding all aspects of services provided by the Department of Health. A call management system ensures that calls get routed to the correct area without having to go through numerous transfers.
2. Utah Health Information Network (UHN) Involvement - The UHN is a statewide cooperative of Medicaid providers and other third party medical claims payers. The goal is to standardize health care information so that all claims data can be submitted in an electronic transaction to any payee. This activity was mandated by the 1992 Legislature.
3. Claims Processing - The bureau processes all claims received by Medicaid and UMAP programs, ensuring that the claims are properly entered into the MMIS system, and are adjudicated properly. They serve as troubleshooters working with providers in the event there are questions regarding payment or non-payment of claims.
4. MMIS troubleshooters - The bureau staff identifies and approves updates and corrections to the MMIS to ensure the system is properly handling information on services provided by Medicaid, UMAP or CHIP programs.

5. Special Projects - The bureau manages special projects under contract with Community and Family Health Services (Pre-natal program) and the Division of Family Services (Custody Medical Care Program). It also manages the Buy-Out program that ensures compliance with the third party liability requirements of the OBRA '90 legislation.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2003 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

3.5 Health Care Financing - Eligibility Services

Recommendation

The Analyst recommends an appropriation of \$14,984,700 for the Bureau of Eligibility Services. From FY 1995 through FY 2002, this bureau experienced significant growth, due to the transfer of over 100 FTE eligibility workers from the Department of Human Services and the further addition of new eligibility workers due to growth and various expansions of the Medicaid program. Approximately \$1.3 million in salaries and benefits for eligibility workers is allocated from this program to the Children's Health Insurance Program (CHIP) for services provided by the eligibility workers. It is estimated that in the aggregate, this is the portion of eligibility workers' time spent in determining eligibility for CHIP.

Almost 50 percent of the program's budget comes from Federal Funds.

	2003	2004	2005	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	3,828,064	3,621,772	3,687,500	65,728
General Fund, One-time		22,700		(22,700)
Federal Funds	7,348,325	6,975,245	7,016,400	41,155
Dedicated Credits Revenue	3,880,674	4,280,483	4,280,800	317
Total	\$15,057,063	\$14,900,200	\$14,984,700	\$84,500
Expenditures				
Personal Services	12,961,831	12,820,964	12,901,100	80,136
In-State Travel	31,131	31,600	31,600	
Out of State Travel	254	500	500	
Current Expense	1,472,121	1,447,936	1,452,300	4,364
DP Current Expense	165,323	172,800	172,800	
Other Charges/Pass Thru	426,403	426,400	426,400	
Total	\$15,057,063	\$14,900,200	\$14,984,700	\$84,500
FTE/Other				
Total FTE	265.5	256.5	257.0	0.5
Vehicles	13	13	13	

*Non-state funds as estimated by agency

Purpose

The Bureau of Eligibility Services is responsible for eligibility policy and operations related to Medicaid eligibility, including nursing home eligibility determinations and out-stationed eligibility workers who are in hospitals and public health clinics. The bureau is also responsible for eligibility determination for the Primary Care Network. The bureau coordinates and oversees the eligibility contract with the Department of Workforce Services and also coordinates Medicaid recovery activities with the Office of Recovery Services. Besides administration and office support staff, the bureau has 215 eligibility staff stationed throughout the State, with a total caseload (as of November 2002) of 55,206, including CHIP.

The following table shows the average number of cases that each eligibility worker handles during the course of a year.

Eligibility Services - Historical Caseloads and FTE						
	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>
Medicaid Caseload	30,951	35,266	37,192	40,467	40,504	43,100
CHIP Caseload	0	4,676	7,943	11,071	10,217	10,818
Total Caseload	30,951	39,942	45,135	51,538	50,721	53,918
Medicaid FTE	149.50	150.00	154.75	156.50	152.00	155.50
CHIP/Supervisory FTE	35.00	44.00	51.00	57.00	50.00	50.00
Total FTE	184.50	194.00	205.75	213.50	202.00	205.50
Medicaid Caseload per FTE	207	235	240	259	266	277

**Administration/
Service Cost
Breakdown Intent
Language**

The 2003 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

This budget is 20 percent administrative and 80 percent direct services. The direct services include eligibility workers who meet face-to-face with clients to determine new or continued eligibility for services received under the Medicaid program. At a budget level of \$15.1 million (FY 2003 Actual) and a Medicaid eligibility caseload of 40,504, the average cost per case is \$341.

3.6 Health Care Financing - Coverage and Reimbursement

Recommendation The Analyst recommends an appropriation of \$3,004,100 for the Bureau of Coverage and Reimbursement for FY 2005.

The Division of Community and Family Health Services' outreach programs provide \$413,500 in the form of Revenue Transfers for the funding of this program.

	2003	2004	2005	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	755,484	680,560	676,600	(3,960)
General Fund, One-time		2,500		(2,500)
Federal Funds	1,870,842	1,936,778	1,914,000	(22,778)
Dedicated Credits Revenue	18			
Transfers	413,462	413,462	413,500	38
Total	\$3,039,806	\$3,033,300	\$3,004,100	(\$29,200)
Expenditures				
Personal Services	2,073,022	1,942,475	1,952,900	10,425
In-State Travel	1,971	1,800	1,800	
Out of State Travel	1,748	1,700	1,700	
Current Expense	951,887	1,076,025	1,036,400	(39,625)
DP Current Expense	11,178	11,300	11,300	
Total	\$3,039,806	\$3,033,300	\$3,004,100	(\$29,200)
FTE/Other				
Total FTE	28.5	25.5	25.5	0.0

*Non-state funds as estimated by agency

Purpose

The Bureau of Coverage and Reimbursement Policy researches, analyzes, formulates, and makes recommendations for policy changes and new policy to the division director and department director. It is also responsible for the analysis of all pending and current federal and state legislation dealing with health care. The bureau is also responsible for all State plan (contracts with the federal government) changes and all rulemaking dealing with the Medicaid program.

The bureau's Utilization Management Unit controls the utilization of the Division's diminishing fee-for-service market. It performs this function while developing special fee-for-service contracts.

Administration/ Service Cost Breakdown Intent Language

The 2003 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

3.7 Health Care Financing - Contracts

Recommendation

The Analyst recommends an on-going appropriation of \$35,827,800 for contracts in the Division of Health Care Financing.

The \$10.8 million in FY 2005 Revenue Transfers is comprised of the following:

- ▶ \$1,546,100 from the Division of Community and Family Health Services for services which Medicaid provides for CHEC, case management, tobacco QuitLine, and the home and community based waivers;
- ▶ \$89,500 from USIIS for immunization tracking;
- ▶ \$2,598,300 from the Department of Workforce Services for the eligibility contract;
- ▶ \$4,303,100 from the Department of Human Services for the Division of Services to People with Disabilities, the Utah State Development Center, Aging and Adult Services, and eligibility;
- ▶ \$1,830,700 from the Office of Recovery Services for their third party collections contract; and
- ▶ \$95,400 from the Davis Applied Technology Center for Nurse Training.

	2003	2004	2005	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	12,510	489,039	494,300	5,261
Federal Funds	18,464,672	18,670,595	18,685,300	14,705
Dedicated Credits Revenue	5,858,285	5,858,285	5,858,300	15
Transfers	10,811,928	10,789,881	10,789,900	19
Total	\$35,147,395	\$35,807,800	\$35,827,800	\$20,000
Expenditures				
Personal Services	19,519			
Current Expense	2,410,439	2,630,100	2,650,100	20,000
Other Charges/Pass Thru	32,717,437	33,177,700	33,177,700	
Total	\$35,147,395	\$35,807,800	\$35,827,800	\$20,000
FTE/Other				

*Non-state funds as estimated by agency

Purpose

The agencies listed above contract with this program, by sending some of their General Fund appropriations to the Division of Health Care Financing, which then uses those funds to draw down the matching federal Medicaid funds, then forwards all of the funds back to the original agencies. This helps those agencies leverage their state funds by the Federal match. Contracts are for non-medical services performed for the Division by the Departments of Human Services and Workforce Services, such as recovery services, training, and administration. When eligibility for Medicaid services involves more services than just medical (e.g. food stamps), then eligibility is determined by employees of the Department of Workforce Services.

In addition, this program deals with medical and dental consultants and CPA audits and reviews, which serve the Medicaid program.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2003 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

4.0 Additional Information: Health Care Financing

4.1 Funding History

	2001	2002	2003	2004	2005
Financing	Actual	Actual	Actual	Estimated*	Analyst
General Fund	10,110,700	10,346,200	9,454,200	9,452,800	9,452,800
General Fund, One-time	(78,000)	(1,194,700)		37,300	
Federal Funds	39,191,467	45,620,742	41,870,366	40,625,948	39,228,700
Dedicated Credits Revenue	4,129,854	7,287,569	10,500,816	10,912,796	10,901,000
GFR - Nursing Facility	1,631,900				
Transfers	14,345,118	15,145,782	11,230,403	11,208,356	11,208,400
Beginning Nonlapsing		1,600,000			
Closing Nonlapsing	(1,600,000)				
Lapsing Balance	(8,356)	55,350	(114,103)		
Total	\$67,722,683	\$78,860,943	\$72,941,682	\$72,237,200	\$70,790,900
Programs					
Director's Office	3,865,564	5,421,474	3,712,376	4,256,000	4,001,000
Financial Services	9,299,628	9,965,813	10,794,546	8,792,300	7,508,300
Managed Health Care	2,607,904	2,450,496	2,377,838	2,375,700	2,385,400
Medical Claims	2,627,083	2,948,167	2,812,658	3,071,900	3,079,600
Eligibility Services	14,311,200	13,804,574	15,057,063	14,900,200	14,984,700
Coverage and Reimbursement	3,229,998	3,317,523	3,039,806	3,033,300	3,004,100
Contracts	30,972,158	40,104,927	35,147,395	35,807,800	35,827,800
Utah Medical Assistance	809,148	847,969			
Total	\$67,722,683	\$78,860,943	\$72,941,682	\$72,237,200	\$70,790,900
Expenditures					
Personal Services	22,809,568	24,229,648	24,275,311	24,421,503	24,558,000
In-State Travel	91,957	83,527	72,618	73,200	73,200
Out of State Travel	46,381	45,583	24,519	25,700	25,700
Current Expense	14,507,282	13,815,986	11,077,919	9,509,273	8,105,400
DP Current Expense	3,447,589	3,930,385	4,130,412	4,137,900	4,137,900
DP Capital Outlay	113,049	39,647	28,300		
Capital Outlay	5,200				
Other Charges/Pass Thru	26,701,657	36,716,167	33,332,603	34,069,624	33,890,700
Total	\$67,722,683	\$78,860,943	\$72,941,682	\$72,237,200	\$70,790,900
FTE/Other					
Total FTE	471.5	465.8	460.3	454.5	455.0
Vehicles	8	9	14	14	14

*Non-state funds as estimated by agency.

4.2 Federal Funds

Program			FY 2003 Actual	FY 2004 Estimated	FY 2005 Analyst
Director's Office Medicaid Adminsitration	Federal		\$2,175,530	\$2,605,217	\$2,245,530
	Required State Match		varies	varies	varies
	Total		2,175,530	2,605,217	2,245,530
Financial Services Medicaid Adminsitration	Federal		8,673,407	6,717,586	5,635,538
	Required State Match		varies	varies	varies
	Total		8,673,407	6,717,586	5,635,538
Managed Health Care Medicaid Adminsitration	Federal		1,404,137	1,482,496	1,488,403
	Required State Match		varies	varies	varies
	Total		1,404,137	1,482,496	1,488,403
Medical Claims Medicaid Adminsitration	Federal		1,933,453	2,238,031	2,243,598
	Required State Match		varies	varies	varies
	Total		1,933,453	2,238,031	2,243,598
Eligibility Services Medicaid Adminsitration	Federal		7,348,325	6,975,245	7,016,441
	Required State Match		varies	varies	varies
	Total		7,348,325	6,975,245	7,016,441
Coverage/Reimbursement Medicaid Adminsitration	Federal		1,870,842	1,936,778	1,913,977
	Required State Match		varies	varies	varies
	Total		1,870,842	1,936,778	1,913,977
Contracts Medicaid Adminsitration	Federal		18,464,672	18,670,595	18,685,332
	Required State Match		varies	varies	varies
	Total		18,464,672	18,670,595	18,685,332
Federal			41,870,366	40,625,948	39,228,819
Required State Match			0	0	0
Total			\$41,870,366	\$40,625,948	\$39,228,819